

**Minutes of the State Board of Health
December 14 & 15, 2004**

December 14, 2004—Strategic Planning Work Session

The Washington State Board of Health (SBOH) met at the Seattle Airport Hilton in SeaTac, Washington. Chair Tom Locke called the public meeting to order at 7:40 p.m.

SBOH members present:

Thomas H. Locke, MD, MPH, Chair
Charles Chu, DPM
Ed Gray, MD
Carl Osaki, RS, MSPH

Bill White (for Mary Selecky)
Mel Tonasket
The Honorable David Crump, PhD
Keith Higman

SBOH members absent:

Frankie Manning, MN, RN

The Honorable Carolyn Edmonds

State Board of Health Staff present:

Craig McLaughlin, Executive Director
Tara Wolff, Health Policy Advisor
Candi Wines, Health Policy Advisor

Desiree Robinson, Executive Assistant
Bobbi Berry, Assistant to the Board

Guests and Other Participants:

None

Board Chair Tom Locke and Executive Director Craig McLaughlin made introductory remarks about the goals for the work group. Both of them noted the amount of change that had taken place on the Board—a new chair, several new members, a new executive director. They also spoke about upcoming staff changes and the likelihood of two to three new members in the next several months.

Mr. McLaughlin asked Board members to discuss why they joined the Board, what they hoped to achieve, and what has felt like success in the past or would feel like success in the future. He organized their remarks using a SWOT Analysis framework—putting comments under the headings of strengths, weaknesses, opportunities and threats (see Board packets for results).

Mr. McLaughlin then walked the Board through a document that updated the 2003-2005 work plan and discussed a variety of ideas for additional Board activities. He said there would be very little staff capacity to handle additional assignments. Board members did not request additions to the work plan. (For more information, see the work plan update in Board packets.)

Mr. McLaughlin discussed the role of Board committees and reviewed their status. The committees help staff respond when the work plan changes and they guide the development of future work plans. Many committees do not have chairs and have lost members as people have left the Board. He asked for feedback on whether the Board wanted to change the role of structure of its committees. Mr. McLaughlin concluded the discussion to saying he would be contacting members to try to reconstitute and revitalize the committees.

The meeting adjourned at 10:10 p.m.

December 15, 2004—Regular Meeting

The Washington State Board of Health (SBOH) met at the Seattle Airport Hilton in SeaTac, Washington. Chair Tom Locke called the public meeting to order at 9:35 a.m. and addressed the attendees with the following statement:

“This is a public meeting of the State Board of Health held under provisions of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.

Copies of all materials supplied to the Board for today’s meeting have been available since close of business last Friday from the Board’s Olympia office and on the Board’s Web site at www.sboh.wa.gov. They are also available today, along with anything else we have received since, at the table in the back of the room. To conserve public funds, we have only made as many copies as we feel will be needed, so we may run out of some particularly popular items. If you do not find a document you need, please ask Executive Assistant Desiree Robinson or another Board staff person for one.

Our meeting today is open to the public, so please feel free to listen in on informal discussions involving Board members or staff, including any that may occur during breaks or lunch.”

SBOH members present:

Thomas H. Locke, MD, MPH, Chair
Charles Chu, DPM
Ed Gray, MD
Carl Osaki, RS, MSPH
Mary Selecky

Mel Tonasket
The Honorable David Crump, PhD
Keith Higman
The Honorable Carolyn Edmonds

SBOH members absent:

Frankie Manning, MN, RN

State Board of Health Staff present:

Craig McLaughlin, Executive Director
Tara Wolff, Health Policy Advisor
Candi Wines, Health Policy Advisor

Desiree Robinson, Executive Assistant
Bobbi Berry, Assistant to the Board

Guests and Other Participants:

Sofia Aragon, Department Of Health
Catie Beattie, Department Of Health
Julie Coburn, Wyeth Vaccines
Michelle Davis, Department Of Health
Mike Glass, Department Of Health
James Green, Citizen
Judy Huntington, Washington State Nurses Association
James Matteucci, Merck
Kim Moore, HWDN

Catharine Riley, University of Washington,
Center of Excellence in Ethics, Legal &
Social Issues Research
Heather Stephen-Selby, Renton Technical College
Jennifer Tebaldi, Department Of Health
John Thompson, Department Of Health
Chris Townley, Department Of Health
Charles Weatherby, HWDN

APPROVAL OF AGENDA

Motion: Approve December 14 & 15, 2004 agenda

Motion/Second: Gray/Crump

Board Member Ed Gray moved to add a new item after item six that would provide time for Board members to speak on issues or concerns of their choice related to health care and public health.

Motion to amend/Second: Gray/Crump

Motion to amend approved unanimously

Agenda approved unanimously

The Board agreed that time for Board members to express comments and concerns should be included on future agendas.

ADOPTION OF NOVEMBER 10, 2004 MEETING MINUTES

Motion: Approve the November 10, 2004 minutes

Motion/Second: Crump/Gray

Approved unanimously

SBOH ANNOUNCEMENTS AND OTHER BUSINESS

Craig McLaughlin, WSOH Executive Director, highlighted some press coverage related to recent Board topics such as vaccines and updated the Board on personnel issues. The search for a Public Information Officer has begun. The Health Service Consultant 4 (Health Policy Advisor) positions will be open in January. Bobbi Berry's position with the Board has been extended part-time through June 2004 and will work part-time for the Department of Health (DOH) on the School Environmental Health and Safety rule revision process. Mr. McLaughlin noted that Board Member Carolyn Edmonds has resigned from the Board of Health and the Governor's office is accepting nominations from the Washington State Association of Counties to fill the vacancy. The partnership with Channel 11 is moving forward. Board staff will draft a Memorandum of Understanding to frame the relationship and the work involved in the campaign.

DEPARTMENT OF HEALTH UPDATE

Board Member Mary Selecky, Secretary of Health, provided an update on the flu vaccine availability. Doses continue to enter the state in scheduled shipments and the Department of Health continues to encourage people on the priority list to be vaccinated. National policy makers are considering making the vaccine available to other than high-risk individuals. If this happens, it may not happen in all localities; it would depend on the supply and need in specific counties. Board Member David Crump asked if the shortage is increasing the number of high-risk people that actively seek a flu shot. Secretary Selecky responded that that does not appear to be the case.

Funds for schools to test for lead in drinking water became available for distribution as of December 8, 2004. The Environmental Protection Agency recognized several Washingtonians, two school districts, and a DOH employee for their work to improve indoor air quality. This is the second time the Kent School District has been recognized for work in this area. The first meeting of the School Environmental Health and Safety Rule Development Committee took place November 30.

Dr. Maxine Hayes, State Health Officer, presided over the state's first summit on premature births sponsored by the March of Dimes. There are 152 premature births every week in the state. Washington participated in a meeting of 13 states on an initiative related to food and obesity. Washington's work in this area will be used as a model for other states.

Three additional Native American Tribes signed the Centennial Accord. The Tribal Leaders Health Summit suggested the State Board of Health have a designated position for a tribal representative.

The Public Health Improvement Partnership (PHIP) will publish its new plan soon; the Board will receive a briefing in January.

Secretary Selecky noted that the Governor will release his budget tomorrow. There is a \$1.63 billion projected shortfall. Secretary Selecky distributed a handout showing two graphs—one showing how much various factors contribute to life expectancy, and the other representing the distribution of state funds for health and health care. The charts show that 94.7 percent of the state's health-related expenditures are allocated to provide access to health care, which contributes a relatively small amount to years of healthy life when compared to factors like public health, environment, and healthy behaviors.

Both Governor Elect Rossi and candidate Gregoire have been holding meetings with Governor Locke's staff to plan for the transition to a new governor.

Board Member Mel Tonasket asked how the Board might make its position on the distribution of the flu vaccine known and to whom the message should be sent. Secretary Selecky responded that there are a few options and agreed that the Board should discuss it in more detail.

2005 LEGISLATIVE SESSION PREVIEW

Chris Townley, Director of the DOH Office of Policy, Legislation and Constituent Relations, briefly discussed some of the context for the upcoming legislative session. The session will last 105 days. There will be a new Chair of the Senate Health and Long-Term Care Committee. There will be a new Governor with new staff and many new local commissioners as well. This may be a good opportunity for education. DOH will hold bill review meetings twice a week during the Legislative session and the Board's executive director will participate. Ms. Townley reviewed legislation that DOH may sponsor during the upcoming Legislative session. These include expanded funding for newborn screening specialty clinics, two hospital-related programs, removing the prohibition on using state funds to implement the hepatitis C plan, and restoring granting authority to the Department of Health (see materials behind Tab 5).

Craig McLaughlin, WSBOH Executive Director, directed the Board's attention to his memo behind Tab 5. The Legislature has taken interest in some of the rules that the Board currently has open for revision. There may be legislation related to small on-site sewage systems, school drinking water, behaviors endangering public health, and exemption criteria for immunizations required for school entry. There is a possibility that the Board's statute may be opened to add a designated seat for a Native American representative. The Office of Superintendent of Public Instruction (OSPI) has a funding proposal that may affect the Board's work in nutrition and physical activity. There are likely to be cuts to Basic Health that could reduce access to health care, especially for children.

Mr. Tonasket expressed interest in being involved with legislation regarding school lunches, especially with respect to the type of food provided. He also expressed interest in mental health issues among students in public schools. Mr. McLaughlin stated that he would get more information to Mr. Tonasket about the OSPI legislative package.

Board Member Carl Osaki suggested that it may be beneficial to combine efforts with other state Boards that have interest in some of the same issues.

Chair Locke asked if guidelines for sex education have been developed. Secretary Selecky responded that DOH has conducted a review of what is currently being implemented and this will be delivered to the legislator that requested it.

Mr. Crump asked what the Board's involvement is with tobacco and why discrepancies in "disposal of dead animals" rules have not been resolved. Mr. McLaughlin responded that DOH has been taking the lead on tobacco issues and the Board has expressed support of clean indoor air and smoke-free work

environments. Regarding the disposal of dead animals, the issue crosses the boundaries of public health, agriculture, and ecology. Currently efforts are in progress to align existing rules and make specific authorities for each agency clear.

SENSE OF THE BOARD ON LIKELY LEGISLATIVE ISSUES

Mr. McLaughlin, directed the Board to the memo and policy statements behind Tab 6. He asked for the Board's comments regarding the draft policy statement on likely legislative issues for the 2005 session. Mr. Tonasket stated that he would prefer that Policy 01-001 state that the executive director or the Board's chair must approve correspondence with legislative staff or members. After discussion, Board members agreed that the language should read "the Chair or his/her designee." Mr. McLaughlin said he would propose revisions to the policy at the Board's January 2005 meeting. Mr. McLaughlin mentioned that he will send an e-mail to Board members regarding requirements for reporting legislative contacts to the Public Disclosure Commission. Mr. Crump asked if any legislation considered the way that money and mandates related to bioterrorism are funneled from the federal government. Secretary Selecky responded that bioterrorism money comes to the state in the same way that federal funding for other programs does. Mr. McLaughlin invited Board members to continue to contact staff and make comments regarding the draft policy document. The Board will consider a revised document for adoption in January.

BOARD MEMBER ISSUES AND CONCERNS

Dr. Gray said it is import that the Board and individual members have an opportunity to voice their opinions and concerns on specific health issues in a public forum. His own comments focused on the need to fix the health care delivery system and private insurance. He also commented on the distribution of the flu vaccine. He feels that vaccines would be more effective if given to people who are at highest risk of spreading the virus, rather than to those who are at highest risk of serious illness or death if they contact the disease. He said he disagrees with the CDC's priorities for delivering the vaccine.

Board Member Carolyn Edmonds shared that the King County Board of Health has adopted the issue of childhood obesity as a priority for 2005. She mentioned a presentation to the King County board about how land use planning and economic factors affect obesity.

Mr. Crump shared that his local Board accepted public comment at the beginning and at the end of its meeting and suggested this Board might consider ways to increase opportunities for public comment. He asked if there was a place where agencies distribute and promote common public health messages (e.g., safety campaigns, anti-smoking messages, and nutrition campaigns). Secretary Selecky spoke about the DOH Office of Health Promotion, and said Heidi Keller, the office director, could brief the Board about the programs that office sponsors.

Mr. Osaki noted that Public Health Week is a good opportunity for the Board to be active and speak out on important issues.

Mr. Tonasket expressed concerns about the length of the rule making process and suggested there may be times when the Board can take quicker action on some issues by issuing a resolution or other public statement. He encouraged the Board to take the lead on delivering health messages and making policy statements. For example, he said, the Board could come out with strong messages against exposing children to second hand smoke.

NEWBORN SCREENING UPDATE

Tara Wolff, WSBOH Staff, directed the Board to materials behind Tab 7 and introduced the panelists. Board Chair Locke provided the Board with background and context for the discussion of newborn screening (NBS). In 2001, he said, the Board convened a task force to examine the newborn screening system and set criteria for adding disorders to the list. Now, it is time to consider if additional conditions should be added to the list, he said. (See memo behind Tab 7).

Mike Glass, Director, Department of Health Newborn Screening Program described the newborn screening program and its impact. The program processes 1.5 million tests each year. He presented an annual report on the program and highlighted table 5 on page 12 (see report for more information). In general, children with phenylketonuria or hypothyroidism are diagnosed and placed on treatment in under two weeks. In January 2004, the program began testing for two additional disorders (biotinidase deficiency and galactosemia). By June 2004, it had purchased and trained staff in a new technology (tandem mass spectrometry) required to conduct tests for three additional disorders (homocystinuria, maple syrup urine disease, and medium chain acyl co-A dehydrogenase deficiency) and began testing for these.

Maxine Hayes, State Health Officer, described how newborn screening requirements are set at a state level. Currently, the federal government is considering national newborn screening recommendations, she said. The federal government plans to issue guidance and a tool kit to states for expanding newborn screening programs. Washington's criteria informed the federal government's guidance and in some cases the state's criteria go beyond what the federal government plans to recommend. Some states are screening for 30 conditions and an American College of Medical Genetics (ACMG) report is expected to recommend screening for 29 conditions, including cystic fibrosis. Ms. Edmonds asked about cost savings related to screening. Mike Glass responded that the Board and Department did a cost-benefit analysis prior to adding the five new conditions and the savings were significant.

Jennifer Tebaldi, Policy Manager, Department of Health Division of Epidemiology, Statistics and Public Health Laboratory, presented a suggested timeline for future Board work on newborn screening. Elements would include: 1) considering whether to add cystic fibrosis to the list of disorders for which screening is mandatory; 2) requesting a report on the effectiveness of the voluntary program to screen newborns for hearing disorders; and 3) reviewing the ACMG report when it is published and determining whether the Board should consider adding other conditions.

Mr. Osaki asked if controversies similar to those surrounding cystic fibrosis exist for the other new conditions on the ACMG list. Dr. Hayes responded that the new conditions still needed be reviewed and be measured against the state's criteria. Secretary Selecky talked about some of the complex policy issues surrounding decisions about whether to mandate screening. Mr. Tonasket asked if children born at home undergo newborn screening. Mr. Glass responded that the law applies only to those children born in hospitals, but the program makes efforts to reach out to midwives and is able to capture some home births. Mr. Tonasket also asked whether insurance companies have concerns about the costs related to screening and treatment. Mike Glass noted that there have been some conflicts with insurance companies over payment for treatment, but most conflicts are resolved successfully. Mr. Tonasket asked about the availability of resources or analyses from the other states that already test for all 30 conditions. Ms. Tebaldi responded that Washington would not be starting over by doing its own analyses, but there are some additional steps that Washington must take such as a cost-benefit analysis. Mr. Tonasket suggested that the Board could streamline the process by not duplicating the work of other states. Dr. Gray asked whether the current private insurance system can provide adequate care necessary for children with chronic illnesses such as cystic fibrosis. Mr. Glass and Dr. Hayes noted that a funding source is necessary, and cost of care is an important consideration for these children. Mr. Crump thanked the newborn screening staff for its work.

Motion:

The Board adopts the following recommendations:

- 1. Work with the Department of Health to convene a panel of technical experts to review new information available on the benefits of newborn screening for cystic fibrosis and make a preliminary determination whether this condition meets criteria established for newborn screening tests in Washington. If it meets the criteria, a Newborn Screening Advisory***

Committee should be convened to make recommendations to the Board regarding inclusion of cystic fibrosis on the list of mandated newborn screening tests.

- 2. Review the report from the Department of Health on its continued efforts to encourage hospitals to voluntarily implement universal newborn hearing screening programs and to conduct surveillance and tracking of infants to ensure all infants are screened, that infants at risk for hearing loss receive audiologic evaluation, and that infants who are deaf or hard of hearing are referred for early intervention services, to determine if further study and action is warranted.*
- 3. Request that the Department of Health review the ACMG report when it is released to determine if there are effective interventions available for the 16 new conditions and to give the Board a preliminary assessment of associated costs, Washington State's tandem mass spectrometry capacity, and the number of newborns in Washington State who could be potentially identified with these conditions.*

*Motion/Second: Crump/Tonasket
Approved unanimously*

Mr. Osaki asked when the ACMG report would be available and how long it will take for DOH to review it and report back. It is not known when the report will be released, Dr. Hayes said, but it is expected soon. Once DOH receives the report, it expects to report back in a matter of months.

The Board recessed for lunch at 12:22 p.m. and reconvened at 1:30 p.m.

HEALTH WORKFORCE DIVERSITY NETWORK FINAL REPORT

Candi Wines, WSOH Staff, introduced the panelists and oriented the Board to the materials behind Tab 08 concerning the Health Workforce Diversity Network (HWDN). Dr. Charles Weatherby, HWDN Co-chair and a representative of the Washington State Medical Association, reviewed the history of network, its structure, and its connection to the Board. Judy Huntington, Executive Director, Washington State Nurses Association and HWDN Co-chair, discussed the goals and recommendations of the HWDN (see green handout behind Tab 08). She mentioned the need for some staff support. Current staffing is voluntary and the staff person is a graduate student who will be graduating soon. Kimberly Moore, staff to the Health Workforce Diversity Network, discussed the Health Careers Pathways Survey (see the presentation behind Tab 08).

Heather Stephen-Selby, Renton Technical College, described diversity strategies of the Allied Health Program at Renton Technical College (see presentation behind Tab 08). Ms. Huntington said the Renton program is the kind of best practice that the HWDN wants to promote. She said there is also an emphasis on increasing the diversity of faculty in health profession programs. Ms. Stephen-Selby emphasized the importance of utilizing simulation labs as a teaching tool.

Mr. Tonasket indicated that this is important work and that the Board needs to stay involved in it. He asked if the survey collected data from rural areas. Ms. Huntington indicated that it did and invited Mr. Tonasket to a network meeting to discuss these issues in detail. Mr. Tonasket indicated that he hoped that the students were being prepared for the real world of medicine as it is being practiced today. Board Member Charles Chu commended the panelists for their hard work. He indicated that English as a Second Language can be a key to success. He has a diverse practice and appreciates having a diverse staff to serve his clients. Board Member Osaki said it was an outstanding presentation and wondered if this model could be applied to other health professions. He said he hoped these graduates were serving diverse groups of patients. Ms. Stephen-Selby said anecdotal evidence suggests that this is the case. Board Chair Locke reminded the Board that no action was required at this time. He also noted the Board's commitment to continue to work on these issues. Ms. Huntington suggested that the Board should encourage DOH to collect data on diversity when licensing health professionals.

The board took a break at 2:50 p.m. and resumed at 3:00 p.m.

SKAMANIA-CLARK CONTRACT REVIEW

Mr. McLaughlin introduced this item and said that John Wiesman, Director, Clark County Health Department and Marilyn Butler, Public Health Administrator for Skamania County would be available to participate by phone if there were questions. Mr. McLaughlin directed the Board's attention to the interlocal agreement in their packets. He said that the Board's counsel had briefly reviewed the contract and that she had not found a problem "as to form." He reminded the Board that this type of contract review only applies to contracts among local health jurisdictions and counties and that it is only about the purchasing of health services. He also indicated that the Board might wish to consider its future role in the regards to such contracts. Dr. Gray wondered whether language about providing services to taxpayers might require the counties to provide services to absentee property owners. Ms. Edmonds questioned the language about providing services to "citizens," as opposed to "residents," and wondered if non-citizens could be denied services. She also wondered if the Board needed to be concerned about liability issues. Dr. Locke asked Mr. McLaughlin to convey some of the questions about language to the appropriate parties.

Motion: The Board approves the contract under which Skamania County would purchase public health services for its residents from Clark County.

Motion/Second: Osaki/Crump

Approved unanimously

ANNUAL REPORT TO THE GOVERNOR, ADOPTION OF FINAL TEXT

Mr. McLaughlin presented the proposed layout of the 2004 Annual Report to the Governor. Dr. Gray noted that he is a member of the Basic Health Plan Advisory Committee but not the chair.

Motion: The Board approves the draft annual report, as submitted December 15, 2004, for publication and transmittal to the Governor. The executive director is authorized to approve minor edits during the production process in consultation with the chair.

Motion/Second: Crump/Edmonds

Approved unanimously

RECOGNITION OF THE CONTRIBUTIONS OF CAROLYN EDMONDS

Chair Locke said the Board had been very lucky to have had Carolyn Edmonds as a member. Ms. Edmonds brought the Board an important perspective and he hoped she would stay connected through her involvement with the Seattle/King County Board of Health. Mr. Crump said he enjoyed working with Ms. Edmonds and her wonderful sense of humor. He appreciated her great questions and wishes Ms. Edmonds well. Ms. Edmonds indicated that leaving the Board was a hard decision but that she had to consider her other duties. She indicated that since Ms. Manning joined the Board, she felt like the Seattle/King County perspective was well represented. She promised that she would continue to be an advocate. Secretary Selecky commended Ms. Edmonds on breaking new grounds and being such an advocate for public health. She said Ms. Edmonds' love for public health is infectious. Mr. Osaki said that he has often relied on Ms. Edmonds for advice in the past and noted that she is able to process new information very quickly. Mr. McLaughlin said he appreciated her great questions and analytical mind. Chair Locke presented Ms. Edmonds with a clock in appreciation for her service on the Board. Chair Locke then presented Mr. McLaughlin with a gift to acknowledge his promotion to Executive Director.

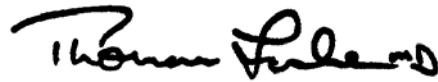
PUBLIC TESTIMONY

There was no public testimony.

ADJOURNMENT

Chair Locke adjourned the meeting at 3:35 p.m.

WASHINGTON STATE BOARD OF HEALTH

A handwritten signature in black ink, appearing to read "Tom Locke", written in a cursive style.

Tom Locke, Chair